

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

787

FILED FEB 25 1941

Registration District No.

Primary Registration District No.

1003

Registrar's No.

787

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... **St. Louis**
(c) Name of hospital or institution: **4218a Dewey**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME **Lena Tochtermann**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **September 21 1857**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 4 3 hr. min.

9. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business.....

12. Name **Fred Tochtermann**

13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Lorraine Elli**

(b) Address **4218a Dewey**

17. (a) **Burial** (b) Date thereof **1-27-1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Matthews Cemetery**

18. (a) Signature of funeral director **John Mathews**

(b) Address **3013 Meramec**

19. (a) **JAN 24 1941** (b) **J. J. Bredeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **City of St. Louis**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **4218a Dewey**
(If rural, give location)
(e) If foreign born, how long in U. S. A.?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **24th**
year **1941** hour **2 am** minute..... M.

21. I hereby certify that I attended the deceased from **Jan. 14**, 1941, to **Jan 23**, 1941;
that I last saw her alive on **Jan 23 1941**, 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis acute**
following influenza
Due to **Influenza** 10 days

Due to **Serum** 10 days

Other conditions (Include pregnancy within 3 months of death) **33 1/2**

Major findings: Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature **John Mathews** (M. D. or other)
Address **3500 S. Grand** Date signed **1/24/41**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____
George Debraubault, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. *2906*

P. O. Address *3013 Avenue*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.